SB/01 (10/05)
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Under the Paperwork Reduction Ac	t of 1995, no persons ar	e required to a collection of inf	ormation unless it	contains a valid OMB control number.						
DECLARATION FOR DESIGN		Attorney Docket Number	16590-3							
	ATION	First Named Inventor Albrecht MICHEL								
PATENT APPLIC		COMPLETE IF KNOWN								
(37 CFR <u>1.</u> 6	3)		Application Number							
	Declaration	Filing Date	y 14, 2005							
	Submitted after Initial Filing	Art Unit	- Juliany My 2000							
	(surcharge 37 CFR	-								
	1.16 (e) required)	Examiner Name								
I hereby declare that:	i nereby deciare that:									
Each inventor's residence, mailing address, and citizenship are as stated below next to their name.										
I believe that the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
HERBICIDE-RESISTANT PLANTS, AND POLYNUCLEOTIDES AND METHDOS FOR PROVIDING SAME										
<u> </u>	(1	Fitle of the Invention)	-							
The specification of which										
is attached hereto										
was filed on (MM/DD/YYYY)	OR									
Application Number PCT/USC	Application Number PCT/US03/22295 and was amended on (MM/DD/YYYY) 01/14/05 (if applicable).									
I hereby state that I have reviewe amended by any amendment specif			dentified specif	fication, including the claims, as						
continuation in-part-applications, m	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation in-part-applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.									
I hereby claim foreign priority benefits under 35 U.S.C. 119 (a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s)		oreign Filing Date MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes No						
PCT/US03/22295	PCT	07/18/2003								
			ā							
Additional foreign application n	Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.									
I hereby claim the benefit under 3	5 U.S.C. 119(e) of a	ny United States provisio	nal application	n(s) listed below.						
Application Number(s) Filing Date (MM/DD/YYYY) Additional provisional										
60/396,539 07/17/2002 application										
60/401,579	60/401,579 08/07/2002 numbers are listed on a supplemental priority data									
			sheet P	TO/SB/02B attached hereto.						

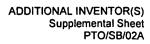


Direct all	associated		30565		OR	Com	esnonde	nce			
correspondence to:	with Custom	er Number:		30565 OR Correspondence address below			W				
Name											
Address					—						
City			State	Τ					ZIP		
Country	, ,			phone					nail		
I hereby declare that information and belief willful false statement and that such willful fa NAME OF SOLE OR	and the like so r	nade are pu ny jeopardiza	ınıshat ınishat	that the ole by fir alidity of	se s ne or f the	taten imp appl	nents we risonmer ication o	re made it, or bot r any pai	with the kn h, under 18 tent issued t	iowledge that U.S.C. 1001 thereon.	
	A petition has been filed for this unsigned inventor.										
Given Name (first and middle (if any	(j) Ali	brecht	, ,	Family Name or Surname		MICHEL					
Inventor's Signature							Date	ate 05/07/06			
Residence: City		State		Country			Citizenship				
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NAME OF SECOND INVENTOR:			A petition has been filed for this unsigned inventor.					entor.			
Given Name	e (if any])		T	Family Name or Surname			SCHEFFLER				
(first and middle (if any						пате					
Inventor's	iventor's							D=4=			
Signature								Date			
Residence: City	Residence: City		State		Country		 !	Citizenship			
Stoneville	toneville MS		MS		us		US		· · · · · · · · · · · · · · · · · · ·		
Mailing Address								_ L	· <u> </u>		
PO 80x 168											
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Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						d hereto.					
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ADDITIONAL INVENTOR(S)
Supplemental Sheet

&										PTO/SB/02A	
Name of Joint Inventor,	Joint Inventor, if any: A petition has been filed for this unsigned inventor.										
Given Name (first and middle [if any]) Family Name or Sumame											
	Bria	an E.	,				•	SCHEFF	LER		
Inventor's Signature								Date			
Residence	City	Oxford	•	State	MS	Country	US		Citizenship	US	
Post Office Address	51 (CR 228			-						
Post Office Address											
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Name of Joint Inventor, if any: A petition has been filed for this unsigned inventor.											
Given Nar	ne (first	and middle	(if any))				Fan	nily Name or	Sumame		
	Mich	ael D.					N	IETHERLAND			
Inventor's Signature		Mic	che p.	N	utt	5		Date	5/24/	06	
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Name of Joint Inventor,	if any:		A pe	etition I	nas been	filed for this u	nsigned	inventor.			
Given Nar	Given Name (first and middle [if any]) Family Name or Surname										
	Franck E. DAYAN										
Inventor's Signature			. "								
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Post Office Address						·					
City Oxford				s	State	MS	ZIP	38655	Country	US	
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Renee S. ARIAS DE ARES											
Inventor's Signature	Date										
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		A petition has been filed for this unsigned inventor.					
Given Name (first and middle [if any])	anck E.	Family Name DAYAN or Surname					
Inventor's Signature	~			Date	7/5/06		
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Oxford	мѕ		us		us		
Mailing Address			L		<u> </u>		
512 Deer Creek Drive							
City	State	ZIP			Country		
Oxford	мѕ		38655		US		
NAME OF JOINT INVENTOR, IF ANY:		A pet	ition has been filed	for this	unsigned inventor.		
(first and middle [if any])	nee S.	Family Name or Surname ARIAS DE ARES					
Inventor's Signature	~)			Date			
Residence: City	State		Country	*	Citizenship		
Corvallis	OR		us		us		
Mailing Address	<u> </u>		L		<u>, .</u>		
3200 S.E. Midvale Dr E205							
City	State	ZIP			Country		
Corvallis	OR		97333		US		
NAME OF JOINT INVENTOR, IF ANY:		A pet	ition has been filed	for this	unsigned inventor.		
Given Name (first and middle [if any])			ly Name Irname				
Inventor's		1 01 00	indine .	Date			
1111011101							
Signature	F 6:		r	Date	Low		
	State		Country	Date	Citizenship		
Signature	State		Country	Date	Citizenship		
Signature Residence: City	State		Country	Date	Citizenship		
Signature Residence: City	State		Country	Date	Citizenship		
Signature Residence: City Mailing Address				Date			
Signature Residence: City Mailing Address		A pet			Country		
Signature Residence: City Mailing Address City NAME OF JOINT INVENTOR, IF ANY: Given Name		Famil	ZIP ition has been filed ly Name		Country		
Signature Residence: City Mailing Address City NAME OF JOINT INVENTOR, IF ANY:		Famil	ZIP ition has been filed	for this	Country		
Signature Residence: City Mailing Address City NAME OF JOINT INVENTOR, IF ANY: Given Name (first and middle [if any]) Inventor's Signature	State	Famil	ZIP ition has been filed ly Name rname		Country unsigned inventor.		
Signature Residence: City Mailing Address City NAME OF JOINT INVENTOR, IF ANY: Given Name (first and middle [if any]) Inventor's		Famil	ZIP ition has been filed ly Name	for this	Country		
Signature Residence: City Mailing Address City NAME OF JOINT INVENTOR, IF ANY: Given Name (first and middle [if any]) Inventor's Signature	State	Famil	ZIP ition has been filed ly Name rname	for this	Country unsigned inventor.		
Signature Residence: City Mailing Address City NAME OF JOINT INVENTOR, IF ANY: Given Name (first and middle [if any]) Inventor's Signature Residence: City	State	Famil	ZIP ition has been filed ly Name rname	for this	Country unsigned inventor.		
Signature Residence: City Mailing Address City NAME OF JOINT INVENTOR, IF ANY: Given Name (first and middle [if any]) Inventor's Signature Residence: City	State	Famil	ZIP ition has been filed ly Name rname	for this	Country unsigned inventor.		

ect all The address associated 30565 OR Correspondence TATRADE correspondence to: address below with Customer Number: Name Address ZIP State City Email Telephone Country I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor. Given Name Family Name **MICHEL** Albrecht (first and middle (if any)) or Surname Inventor's Date Signature Citizenship Residence: City State Country DE Stuttgart Germany Mailing Address Rogenstrasse 16, D-70599 ZIP Country City State D-70599 Germany Stuttgart NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor. Given Name **Family Name SCHEFFLER** Brian E. (first and middle [if any]) or Surname Inventor's Jane 27, 2006 | Citizenship Signature Residence: City **Etate** Country US US Stoneville MS Mailing Address PO Box 168 City State ZIP Country

MS

38776

Additional inventors are being named on the __ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

US

Stoneville